





# Borough of North Plainfield Health Department

263 Somerset Street, North Plainfield, NJ 07060

908 769-2907



## APPLICATION FOR MASSAGE ESTABLISHMENT PERMIT

Permit is required as per North Plainfield Board of Health Code Article 10. Initial Application Fee - \$500.00/Renewal Application Fee - \$500.00. Initial Permit to be issued is valid until December 31st of the calendar year that the permit is in effect. Thereafter, permits shall be renewed for one-year periods beginning January 1st. Fee is \$500.00 per year. All applications must be submitted with the application fee; 2 recent passport type photographs taken within 30 days; and a copy of one of the following: zoning permit/change of tenant occupancy/certificate of compliance/certificate of occupancy.

(PLEASE PRINT OR TYPE) BUSINESS

### INFORMATION:

Business/Corporate Name: \_\_\_\_\_

Type of Ownership:  Individual  Partnership  Corporation  Other (Specify) \_\_\_\_\_

Trading Name (of different than Business/Corporate Name): \_\_\_\_\_

Business Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Business Location: \_\_\_\_\_  
(Number) (Street) (City) (State) (Postal Code)

Business Mailing Address: \_\_\_\_\_  
(If different than location) (Number) (Street) (City) (State) (Postal Code)

### APPLICANT INFORMATION:

Name of Applicant: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
(Number) (Street) (City) (State) (Postal Code)

Residence Mailing Address: \_\_\_\_\_  
(If different than above) (Number) (Street) (City) (State) (Postal Code)

### Two Previous Addresses Immediately Prior to Present Address:

1. Residence Address: \_\_\_\_\_  
(Number) (Street) (City) (State) (Postal Code)

2. Residence Address: \_\_\_\_\_  
(Number) (Street) (City) (State) (Postal Code)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Driver's License No. & State: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

**Massage Therapy or Similar Business History/Experience:**

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Have you had any other license(s) suspended/revoked or denied?  Yes  No  
If yes, explain in detail.

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**List all criminal charges resulting in conviction (except for misdemeanor traffic violations).**

<u>Date</u>	<u>Place/Agency</u>	<u>Charge</u>	<u>Disposition</u>
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**List Three (3) Character References. (Character references must be adult residents of Somerset, Hunterdon, Mercer or Middlesex County.)**

(1) 

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 Name of Character Reference Address (Number, Street, City, State, Postal Code)

(2) 

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 Name of Character Reference Address (Number, Street, City, State, Postal Code)

(3) 

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 Name of Character Reference Address (Number, Street, City, State, Postal Code)

**Bodywork and Somatic Therapists and Other Employees:**

Bodywork and Somatic Therapists must hold a NJ State License – Include date of issue and date of expiration.  
(Please use additional sheets if necessary)

\_\_\_\_\_  
Name Address City State Postal Code

\_\_\_\_\_  
State License # Date of Issue Date of Expiration

\_\_\_\_\_  
Name Address City State Postal Code

\_\_\_\_\_  
State License # Date of Issue Date of Expiration

\_\_\_\_\_  
Name Address City State Postal Code

\_\_\_\_\_  
State License # Date of Issue Date of Expiration

\_\_\_\_\_  
Name Address City State Postal Code

\_\_\_\_\_  
State License # Date of Issue Date of Expiration

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Name Address City State Postal Code

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State License # Date of Issue Date of Expiration

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**FOR OFFICE USE ONLY**

Application Received: \_\_\_\_\_

Fee Received: \_\_\_\_\_

Photographs: \_\_\_\_\_

- Zoning Permit  Change of Tenant Occupancy  Certificate of Compliance  Certificate of Occupancy
- Health Department Report – Approved/Denied – Date: \_\_\_\_\_
- Police Department Report – Approved/Denied – Date: \_\_\_\_\_
- Planning/Zoning Office Report – Approved/Denied – Date: \_\_\_\_\_
- Fire Prevention Report – Approved/Denied – Date: \_\_\_\_\_
- Code Enforcement Report – Approved/Denied – Date: \_\_\_\_\_